RECEIVED FEC MAIL CENTER

2016 OCT 12 PM 12: 02

ommittee Name:
Policy Over Party
registered, FEC ID:
oday's Date:
10/07/2016
Federal Election Commission 99 E Street, N.W. Vashington, D.C. 20463
ta: Form 1 Statement of Organization Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Scott Hart

Treasurer

2016-10-12-03-00-04259

FEC

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

FORM 1			2016 UCT 12 PM 12: 02 Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Policy Over Parity		1 1 1 1 1 1 1 1 1	
ADDRESS (number and street)	500 Hulet Drive		
(Check if address is changed)			
	Bloomfield Township	0 1 1 1 1 1 1 1 1 1	MI 48302
COMMITTEE'S E-MAIL ADDRE	ESS .		
(Check if address is changed)	scott.hart@iuoe324.	org; , , , , , , , , , , , , , , , , , , ,	
	Optional Second E-Mail Ad	ddress	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)		
	6 2 0 1 6		
3. FEC IDENTIFICATION N	UMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	his Statement and to the bes	st of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	er Scott Hart	1	
Signature of Treasurer	Scott 9	Hart	Date 10 07 2016
NOTE: Submission of false, error		n may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	EEL ELIKWI

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	F	EC For	m 1 (Revised 02/2009)	Page 2	
j.	TYPE OF COMMITTEE Candidate Committee:				
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)		
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate	
	Name Candi				
	Candi Party	date Affiliatio	Office Sought: House Senate President	State District	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				
	Part	y Con	mittee:	· ·	
	(d)			Democratic, epublican, etc.) Party.	
	Polit	ical A	ction Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a	
			Corporation Corporation w/o Capital Stock	Labor Organization	
			Membership Organization Trade Association	Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.		
	(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party	
			In addition, this committee is a Lobbyist/Registrant PAC.		
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
	Join	t Func	raising Representative:		
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political	
		Com	mittees Participating in Joint Fundraiser		
		1.	FEC ID number		
		2.	FEC ID number		
		3.	FEC ID number		
		4.	FEC ID number		

1				
FEC Form 1 (Revised	02/2009)			Page 3
Write or Type Committee Nam	е			
Policy Over Party				
6. Name of Any Connected	Organization, Affiliated Committee	, Joint Fundraising Rep	resentative, or	Leadership PAC Sponsor
International Union of O	perating Engiheers Local 32	1		
Mailing Address	500 Hulet Drive			
	Bloomfield Township		1 . 1	48302 - 0345
	CITY		STATE	ZIP CODE
Relationship: x Connecte	ed Organization Affiliated Commit	lee Joint Fundraising	Representativ	e Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone num	ber optional) and posit	ion of the pers	son in possession of committee
Full Name Scott	Hart, , , , , , , , , , , , , , , , , , ,			
Mailing Address	500 Hulet Drive			
	Bloomfield Township		MI	48302 - 0345
Title or Position	CITY		STATE	ZIP CODE
Chief Financial Offic	er, , , , , , , , , , , , , , , , , , ,	Telephone nur	mber 248	3 - 451 - 0324
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number option assistant treasurer).	al) of the treasurer of the	e committee; a	nd the name and address of
Full Name of Treasurer Scott	Hạrt, , , , , , , , , , , , , , , , , , ,			
Mailing Address	500 Hulet Drive		<u> </u>	
	<u> </u>			
	Bloomfield Township	<u> </u>	MI	48302 - 0345
Tille or Pacific	CITY		STATE	ZIP CODE
Title or Position Chief Financial Office	<u> </u>	Telephone nur	nber 248	. - <u> 451 - 0324 </u>

. 20 . 0 (1)	levised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		<u> </u>
		J
	CITY STATE	ZIP CODE
Title or Position	Telephone number	L
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safety deposit boxes o Name of Bank, Depos	r maintains funds.	5.0 (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
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Scott Hart

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Washington DC 20463

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Bev.5	10-12-2016
PREPARER (3/2015)	DATE PREPARED
(5.25.5)	•